

Third Party Resource Form

PURPOSE: To provide the Division of Medical Services (DMS) with current health insurance information for a foster child or a child eligible for adoption subsidy. The information provided on this form enables maintenance of the Third Party Liability (TPL) Data Base, used for cost containment and as a potential resource for payment of medical expenses incurred by the child.

NUMBER OF COPIES AND DISPOSITION: The TPL-1 is an NCR form which is composed of a DMS and a County Office copy. Complete the original and submit to the DMS, TPL Unit, at time of the child's placement into alternative care, or at such time insurance coverage changes are reported, on the following types of insurance:

1. Blue Cross;
2. Blue Shield;
3. Champus;
4. Self-Insured Labor Unions, Welfare Funds, and Employers;
5. Medicare Supplementary policies;
6. Medicare Complementary policies;
7. Hospital Indemnity policies;
8. Health Maintenance Organizations (HMOs) and Prepaid Health Plans (PHP);
9. Accident insurance policies (covers accident-related hospital, physicians and other miscellaneous medical care). For example, some insurance companies offer policies that will pay hospital, surgical charges and/or convalescent care resulting from an accident;
10. Other health insurance policies;

Do NOT include the following:

1. Medicare;
2. Wage or income replacement policies;
3. Disability policies;
4. Life Insurance policies;
5. Burial Insurance policies;
6. Automobile Medical Insurance policies;
7. Loss of limb or dismemberment policies;
8. Specific trip or travel-type accident policies;
9. Short duration/limited-type; or
10. Location-specific accident policies, such as air travel, day care center, church or school.

Note: Prior to the completion of a TPL-1 form, check the Medicaid Third Party Resources (MTPR) screen for insurance information in the TPL Data Base. Complete a TPL-1 form only if the insurance information in the TPL Data Base needs to be updated or if additional insurance coverage needs to be added.

File the county office copy of the TPL-1 form in the child's case record.

When the turnaround TPL-1 is received in the county, check the form for accuracy. If information is correct, file the form in the child's case record. If there is an error on the form, print the correct information in the gray area of the field to be corrected and resubmit the form immediately.

If the TPL-1 submitted is returned with an IOC indicating errors or omissions, make appropriate corrections and return the TPL-1 to the TPL Unit for processing.

If the county office receives information regarding a claimant's reported insurance coverage in effect during a Medicaid eligibility period which is not on the MTPR screen, add the information via the TPL-1 even if the case is no longer active.

If a closed case record has been sent to the archives, the turnaround document may be destroyed. At the time of reopening, check the MTPR screen to determine what TPL information is in the TPL Data Base. Compare that information to the health/accident insurance data obtained through the reapplication and make any necessary add or update.

INSTRUCTIONS FOR COMPLETION: A turnaround TPL-1 will be generated and sent to the County Office as a result of the CSW submitting a TPL-1. The turnaround TPL-1 will have all available information printed in the white area.

Print all information reported to State Office on a TPL-1 in ink in the gray or shaded area. This includes information added to a blank field. Only those fields not correct need to have the correct information entered in the gray or shaded area. If only a portion of a field is to be changed, enter the information for the entire field in the gray or shaded area.

If there is no turnaround TPL-1 in the case record, to complete a replacement TPL-1:

- Enter all data for that record, as it appears on the MTPR screen, in the white area of a TPL-1; and
- Enter necessary changes to this data in the gray area(s) of the appropriate field(s).

LEGIBILITY is very important. A Data Entry Operator must be able to read what you have printed to enter the information into the computer. If the entry cannot be read, the form cannot be processed correctly.

Note: Insurance policy additions or updates are submitted when applicable.

Field 1 Case Name: Enter the last, first, and middle name or initial of the child. The child's name must be entered into the TPL system exactly as it appears in the ACTS system. If there is a name change after the initial information has been registered, record the complete, correct name in the gray area.

Field 2 Payee Departmental Client Number (DCN): Enter the eight-digit Departmental Client Number (DCN) for the child.

Field 3 Pay County: Enter the appropriate three-digit numerical code, indicating the Case Manager county. Refer to the TPL-1 Code Sheet.

Field 4 Assistance Type (T/A): List the appropriate letter code, for the type of funding received as follows:

- IV-E (includes IV-E AS) - D;
 - Title XIX (FFP) - K; or
 - HDN (includes HDN AS) - Z
- Refer to the TPL-1 Code Sheet

Field 5 Load Number: Enter the county assigned load number, which identifies the caseload to which the case is assigned. This field requires five digits. If the caseload number contains less than five digits, add the required number of zeros to the left of the number.

Field 6 Worker Number: The Case Manager completing the TPL-1 will always enter his five-digit worker number in this field.

Field 7 Origin of TPL-1: Complete the appropriate box.

Note: Fields 8 - 23 are to be completed for each policy and each Medicaid eligible child covered by health insurance policy. If additional forms are needed, complete an additional TPL-1 form with all identifying information (Fields 1 - 7), in case the forms become separated in processing.

Field 8 Individual Name: Enter the last, first, and middle name or initial of the child who is Medicaid eligible.

Note: The name must be entered to coincide with the ACTS system, as outlined in Field Number 1 above.

Field 9 Policyholder Name: If policyholder is same as individual name entered in Field 8, leave Field 9

blank. If policyholder is not the same as the individual name entered in Field 8, enter the last, first, and middle name or initial of policyholder.

Field 10 Individual Departmental Client Number (DCN): Enter the eight-digit DCN of the child, who is listed in Field 8. Do NOT enter the case DCN number in this field, unless it is the same individual DCN shown in Field 8.

Field 11 Insurance Coverage Codes: This field indicates type of insurance coverage for this individual under the following insurance policy, i.e., dental, hospital. Enter the appropriate 2 digit numeric coverage code. Refer to the TPL-1 Code Sheet.

BLUE CROSS/BLUE SHIELD: If the claimant has Blue Cross and/or Blue Shield, the following entries must be made in Field 11 and Field 16.

TYPE COVERAGE	CODING FIELD 11	CODING FIELD 16	CODING FIELDS 13 & 14
Missouri Blue Cross	11	"BC" or "BK"	
Missouri Blue Shield	17	"BS" or "SK"	
MO Blue Cross Major Medical	06	"BC" or "BK"	None
MO Blue Shield Major Medical	06	"BS" or "SK"	Required
MO Blue Cross Medicare Supplement*	05	"BC" or "BK"	
MO Blue Shield Medicare Supplement*	05	"BS" or "SK"	
MO Blue Cross Medicare Complementary Plus**	05 & 06	"BC" or "BK"	
MO Blue Shield Medicare Complementary Plus**	05 & 06	"BS" or "SK"	
Out-of-State Blue Cross	11	"ZZ"	
Out-of-State Blue Shield	17	"ZZ"	Enter
Out-of-State Blue Cross/Blue Shield Major Medical	06	"ZZ"	Name and Location of Blue
Out-of-State Blue Cross/Blue Shield Medicare Supplement	05	"ZZ"	Cross/Blue
Out-of-State Blue Cross/Blue Shield Medicare Complementary	05 & 06	"ZZ"	Shield Plans

A separate entry is required for each Blue Cross/Blue Shield policy, with the exception of the Out-Of-State Blue Cross/Blue Shield Major Medical, Medicare Supplement and Medicare Complementary policies.

* Missouri Blue Cross and Blue Shield Supplementary policies supplement Medicare coverage by picking up the

Medicare deductible and co-insurance amounts and other Medicare approved amounts not completely paid by Medicare.

** Missouri Blue Cross and Blue Shield Complementary Plus policies pay benefits for services/supplies not covered or approved by Medicare.

Field 12 Relationship Code of Policyholder to the Insured: This field indicates the relationship of the policyholder to the insured child. Enter the appropriate 1 or 2 position relationship code, as applicable. Refer to TPL-1 Code Sheet.

Use only one code, not a combination of codes. For example, if the policyholder is the father of the insured recipient, enter code "3."

Note: Field 13 and 14 need not be completed if the insurance company and address is listed on TPL-1 Code Sheet in Field 16, and if Field 16 is completed with an appropriate two letter insurance company code, other than "ZZ." (If the insurance company name and address is not shown on the list of major insurance companies selling in Missouri as shown on the TPL-1 Code Sheet, the worker must complete Fields 13 and 14.)

Field 13 Insurance Company Name: Enter the complete name of the insurance company. (No entry necessary if a code, other than "ZZ," is entered in Field 16.)

Field 14 Insurance Company Location: Enter ONLY the city, state and zip code of the insurance company. Do NOT enter the street address. (No entry necessary if a code, other than "ZZ," is entered in Field 16.)

Field 15 Policy Number: Enter the policy, certificate, or subscriber number, no more than 12 digits. If the policy number exceeds 12 digits, the letter suffixes or prefixes may be eliminated; however, all numeric digits must be given.

Every effort must be made to obtain the policy and/or group number.

If the policyholder is a member of a union or if his place of employment has its own (self-insured) private insurance plan, the policy number may be the employee's Social Security Number. If so, you must enter the policyholder's or employee's Social Security Number, in Field 15.

If the insurance is through CHAMPUS or CHAMPVA, the policy number is the Social Security Number of the active member or retiree of the Uniformed Services.

If the insurance is not issued through a union or employment, or by using the Social Security Number as the policy number, and you are unable to obtain the policy number:

- leave Field 15 blank; and
- indicate, in the remarks section, that you are unable to obtain the policy number.

If Field 15 is left blank, the computer will enter a pseudo policy and/or group number, which will appear on the turnaround document. Pseudo numbers will have a prefix of "TPLS."

In these cases, even though a pseudo number has been assigned in the system, obtain and submit the actual policy number as soon as possible.

Field 16 Insurance Company Code: A listing of some of the insurance companies operating in Missouri are shown on the TPL-1 Code Sheet. The complete name and address of the insurance company are indicated. If the insurance company's complete name and address are included on this list, enter in Field 16, the appropriate two-letter code. If a specific code is not listed, enter code "ZZ" and complete Fields 13 and 14.

Note: Fields 17 and 18 - The correct begin and end dates are essential to the system's workability and accuracy. The data base will accept "09-01-82" but will not accept "09-82." Entries must include MM-DD-YY data. If the specific day of the month is unknown, enter the first day of the month for the begin date and the last day of the month for the end date.

The effective begin and end dates must be in chronological sequence, i.e., the system will not accept an end date prior to the begin date.

If the claimant has never been covered through the insurance company listed in Field 13 or coded in Field 16, correct this information by using the same date as begin date and end date in Fields 17 and 18.

Field 17 Beginning Date of Coverage: Enter the date insurance coverage began for this specific policy. Enter the month, day, and year of the beginning date of coverage; i.e., 01-02-82 (MM-DD-YY).

If the beginning date of coverage is not available, use the initial date of eligibility (MM-DD-YY) for the Medicaid Program as the begin date. If, however, the month and year are known, the first day of the month will be used to complete the entry (MM-01-YY).

Do not update begin date of coverage when initial date of Medicaid eligibility has been used unless you are updating with the actual begin date of insurance coverage. Do not add a second record for the same insurance coverage because of new eligibility period.

Field 18 End Date of Coverage: Enter the date insurance coverage terminated for this specific policy, if applicable. Enter the SPECIFIC end date. Enter the month, day and year of the end date of coverage, if the policy has lapsed or terminated, i.e., 01-02-82 (MM-DD-YY). (If policy still in effect, leave Field 18 blank.)

Field 19 Group Name: Enter the name of the organization (i.e., employer, union, government, school, etc.) when the insurance coverage listed is through a group plan. (The number of characters used must be limited to 26.) A corresponding entry MUST be made in field 20.

Field 20 Group Location: Enter the city, state and zip code of the organization listed in Field 19. (The number of characters used must be limited to 26.)

Field 21 Group Number: Enter the group number of the group plan listed in Field 19. (The number of digits used must be limited to 12.)

If you are unable to obtain the group number, leave Field 21 blank and indicate in the remarks section that you are unable to obtain the group number at this time.

Make every effort to obtain and submit the actual group number as soon as possible.

Field 22 LEAVE BLANK

Field 23 Add and Update Indicator: Enter an X in appropriate block.

Add: Enter an X in Add Indicator if you are adding:

1. a recipient to the TPL data base, which has not been previously submitted; or

2. a new resource to a recipient already on the TPL data base.

Update: Enter X in Update Indicator if you are:

1. changing any of the data previously submitted in error (i.e., policy number correction, insurance coverage code correction, data missing previously); or
2. adding an end date advising that the insurance coverage previously submitted has been terminated.

NOTE: The CSW submits a TPL-1 to update the TPL Data Base with verified coverage no matter when the initial information was added.

Example: If an insurance carrier for a group has changed, or if employment has changed, creating a new insurance carrier, you would: (1) complete the Field 18 showing the information on the date the coverage ended with the previous insurance carrier; and (2) mark the update indicator, and (3) you would also complete the next section, 8 - 23, giving information on current insurance carrier and/or employment with beginning date of coverage; and (4) mark the add indicator. Example of this type of entry is shown below:

Lee Edward J.	98624503	01	0	
	350168	AE	08-01-89	03-31-90
B.J. Implement Company	Mayfair MD 65014	4516	<input type="checkbox"/> ADD <input type="checkbox"/> UPDATE	

Lee Edward J.	98624503	01	0	
	350168	BA	04-01-90	
B.J. Implement Company	Mayfair MD 65014	51642	<input type="checkbox"/> ADD <input checked="" type="checkbox"/> UPDATE	

The TPL-1 form is to be used to add or update insurance data. Do not submit the TPL-1 to update eligibility data.

To update the system to indicate that coverage has terminated, the month, day and year MUST be entered in field 18. Without this date, an update cannot be made.

If a TPL-1 update is submitted concerning absent parent health insurance, the worker must enter the following information in the "Remarks" area:

- the reason for the update;

- source of the information, i.e., claimant, absent parent, and/or insurance company; and
- the date this information was obtained.

NOTE: Use the TPL-1 form to correct or delete insurance information.

INSTRUCTIONS FOR RETENTION: This form shall be retained in the child's record until the entire case is destroyed.

MEMORANDA HISTORY: CS90-42

